

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH PTO-875)

SERIAL NO.

**10/518044**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		①	1			
5		1		1		
6		1		1		
7		1		1		
8		1		1		
9		1		1		
10		6		1		
11		7		1		
12		7		1		
13		①		1		
14		1		1		
15		①		1		
16		1		1		
17		1		1		
18	1			1		
19		1	1			
20		1		1		
21		3				
22		3				
23		①				
24		1				
25		①				
26		①				
27		①				
28		①				
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TOTAL IND.	2	↓	3	↓		↓
TOTAL DEP.	50	←	17	←		←
TOTAL CLAIMS	25		20			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						